

1.) CORPORATION NAME:

DUE DATE: **1/31/2012**

**NAIOP Research Foundation, Inc.**

SCC ID NO: **F1457458**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2201 COOPERATIVE WAY

CITY/ST/ZIP: HERNDON, VA 20171-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: SHIRLEY A MALONEY  
TITLE: EXEC DIR  
ADDRESS: 2201 COOPERATIVE WAY  
CITY/ST/ZIP/CO: HERNDON, VA 20171-

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OFFICER

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DIRECTOR

NAME: RICHARD WOODRUFF  
TITLE: DIRECTOR  
ADDRESS: 1800 BROADWAY STE 210  
CITY/ST/ZIP/CO: BOULDER, CO 80302-5289

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OFFICER

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DIRECTOR

NAME: SUSAN GRAHAM  
TITLE: VICE CHAIRMAN  
ADDRESS: 1099 ALAKEA ST  
STE 1400  
CITY/ST/ZIP/CO: HONOLULU, HI 96813-

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OFFICER

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DIRECTOR

NAME: DOUGLAS HOWE  
TITLE: CHAIRMAN  
ADDRESS: 2025 FIRST AVE  
STE 1212  
CITY/ST/ZIP/CO: SEATTLE, WA 98121-2100

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OFFICER

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DIRECTOR

NAME: LAWRENCE POBUDA  
TITLE: SEC/TREASURER  
ADDRESS: 8500 NORMANDALE  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55437-

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OFFICER

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DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT CUTLIP DIRECTOR FIVE CONCOURSE PKWY SUITE 2020 ATLANTA, GA 30328-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DWIGHT TAYLOR DIRECTOR 22 STONE GATE COURT PIKESVILLE, MD 21208-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER HALEY DIRECTOR 6 STONY MEADOW COURT LUTHERVILLE, MD 21093-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK WUEST DIRECTOR 38 SIDNEY STREET SUITE 180 CAMBRIDGE, MA 02139-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE LIVINGSTON DIRECTOR 2200 LUCIEN WAY SUITE 350 MAITLAND, FL 32751-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN CROSBY DIRECTOR 6737 SOUTHPOINT DR. S SUITE 100 JACKSONVILLE, FL 32216-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SHIRLEY A MALONEY		SHIRLEY A MALONEY, EXEC DIR	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			